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ABSTRACT

Information in this booklet is drawn from the 1990 report, "Who Cares for America's Children? Child Care Policy for the 1990s," which presented the recommendations of the National Research Council's Committee on Child Development Research and Public Policy. The committee consisted of a panel of experts in the fields of pediatrics, public policy, business, labor, education, child care delivery, child development, economics, and other social sciences. Part I of the present booklet summarizes the panel's findings and describes the relation of the new federal Child Care and Development Block Grant program (P.L. 101-508) to the panel's work. Part II describes the aspects of child care that determine its quality and provides information on state regulation of child care services and professional standards for early childhood programs. Topics include: federal tax credits; expansion of Head Start; state grant programs; characteristics of high quality child care; and professional guidelines for quality. Discussion of structural aspects of quality covers group size, staff-to-child ratio, caregivers, qualifications, stability and continuity of caregivers, structure and content of daily activities, space and facilities, and regulation of family day care homes. Contains 7 references. (LB)

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CARING FOR AMERICA'S CHILDREN

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CARING FOR AMERICA'S CHILDREN

Anne Meadows, *Editor*

Panel on Child Care Policy
Committee on Child Development Research and Public Policy
Commission on Behavioral and Social Sciences and Education
National Research Council

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This report has been reviewed by a group other than the authors according to procedures approved by a Report Review Committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

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PREFACE

Over the past decade, child care has emerged as a critical issue with broad implications for the well-being of children, families, and society. During this period, the significant increase in the number of mothers in the labor force, the high cost of child care, and the growing recognition of the importance of a child's early experiences for future development have brought national attention to the child care debate. That debate has focused on three major areas: accessibility, affordability, and quality of care. At the same time, state and local governments have assumed greater responsibility for responding to child care needs and have become the primary regulators of quality.

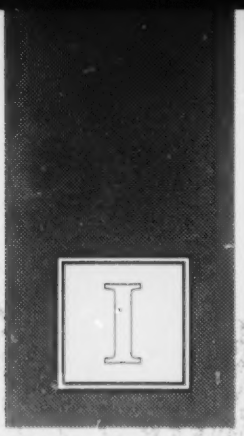
In 1987 the National Research Council's Committee on Child Development Research and Public Policy convened a panel of experts from the fields of pediatrics, public policy, business, labor, education, child care delivery, child development, economics, and other social sciences to review the research and information about child care services and practices and to recommend how this knowledge could be applied to improve the nation's child care policies and programs. The panel's findings, conclusions, and recommendations were published in a 1990 National Research Council report, *Who Cares for America's Children? Child Care Policy for the 1990s.*

Later that year Congress enacted legislation (P.L. 101-508) intended to reduce the numbers of children living in poverty, to improve the quality and accessibility of child care services, and to increase the availability of preschool education for children from low-income families. It authorizes $4 billion over a 5-year period for the Child Care and Development Block Grant program and child care grants under the Aid to Families with Dependent Children program. States will have wide discretion in using the block-grant funds for child care services. To receive funds, providers of

child care services will have to meet state standards for quality, health, and safety.

The new federal law reinforces state and local control in implementing child care policies and requires a renewed emphasis on upgrading the quality of services. In response to this development, state and local officials throughout the nation are setting or revising standards for child care programs.

This publication is intended to provide information that may help those state and local officials, child care providers, and other interested individuals develop or implement standards for quality child care, operate high-quality child care programs, and monitor programs for quality. Parents may also find the information useful in evaluating the relative quality of different day care arrangements. Part I of this booklet summarizes the panel's findings and recommendations and describes how the new law relates to the panel's work. Part II describes the aspects of child care that determine its quality and provides information on state regulation of child care services and professional standards for early childhood programs. The information in this booklet is drawn from the report, *Who Cares for America's Children?*



The Panel's Work and New Federal Law

Like many scholars and experts who have considered child care in recent years, the panel recognized the complex and controversial nature of the issues. Because the majority of children have mothers who work outside their homes, child care has become an important and growing component of services provided in an array of settings, including homes, centers, schools, businesses, and other institutions. Child care has become a large and diverse enterprise of public and private, for-profit and not-for-profit services with annual revenues expected to grow to $48 billion by 1995. Child care is no longer simply a protective or remedial service for children from low-income or troubled families: it is an everyday arrangement for the majority of children in the United States. Consequently, the debate over child care policy has changed considerably over the past generation.

There is general agreement that mothers are in the labor force to stay and, thus, that children need to be well cared for in safe and healthy environments. There is no general agreement on how the significant economic costs of caring for children will be borne by parents, employers, governments, or a combination of these sources.

PANEL FINDINGS

The Current State of Child Care

The panel found that child care services in the United States are inadequate to meet the needs of children, parents, and society as a whole. The panel found that for some families, child care services are simply unavailable; for others, the care is unaffordable or fails to meet basic standards of quality.

Research and professional practice have clearly shown that child care quality can significantly affect children's social, emotional, and cognitive development, as well as their physical health and safety. In the absence of coordinated public policies to ensure employed parents access to adequate, affordable, and appropriate care for their children, child care services have developed very unevenly. Existing programs, which are supported by various funding sources and which reflect varying levels of quality, do not serve all of the families who need child care services.

Of greatest concern to the panel was the large number of children cared for in settings that fail to protect their health and safety and to provide appropriate developmental stimulation. Low-quality care threatens the development of children, especially those from poor and minority families who may not have access to higher quality alternatives. A range of quality can be found in all types of services, whether provided in the child's home or in schools, child care centers, or family day care homes, and in all types of programs, whether operated for profit or not.

The panel noted that, although child care has become a necessity for a majority of American families, regardless of income, gaps in existing programs and arrangements have left many children and families without access to adequate services. Among those who have difficulty obtaining appropriate child care services are families with infants, toddlers, school-age children, or children with illnesses or special needs. In fact, preschool

children are the only age group for which child care arrangements are relatively adequate.

Arranging for high-quality child care can be difficult, stressful, and time-consuming for any family, but the panel found that the problems are inevitably compounded for families who lack time, information, and economic resources. In comparison with other families, low-income families tend to have fewer options for child care.

The panel found that child care services are very diverse. On the negative side, the amalgam of providers, programs, and institutional auspices have little interconnectedness, sense of common purpose, or direction. On the positive side, however, the diversity offers parents several options, increases funding resources, and provides a range of services to meet different family values and needs. The diversity also results in substantial variation in the costs, availability, and quality of services.

Because Americans place a high priority on individuals' values and parental rights, the panel concluded that no single program could address the needs of all families and children. A comprehensive array of coordinated policies and programs is necessary. Child care policies should affirm the role and responsibilities of families in child-rearing, but employers, community institutions, and governments should share the responsibility for meeting the nation's child care needs, and the quality of services should be of paramount concern.

PANEL RECOMMENDATIONS

Looking to the Future

On the basis of its assessment of the current state of child care and the unmet needs of the nation's parents and children, the panel made five recommendations for improving America's child care policies and programs.

The first three recommendations spoke to the need for increased funds and expanded services, particularly for low-income families:

- **The federal government, in partnership with the states, should expand subsidies to support low-income families' use of quality child care programs and arrangements.**
- **In partnership with the states, the federal government should expand Head Start and other compensatory preschool programs for income eligible 3- and 4-year-olds who are at risk of early school failure.**
- **Governments at all levels, along with employers and other private-sector groups, should make investments to strengthen the infrastructure of the child care system: expand resource and referral services; improve caregiver training and wages; expand vender-voucher programs; encourage the organization of family day care systems; and improve planning and coordination.**

The comprehensive package of child care legislation passed by Congress in late 1990 includes provisions that respond at least partly to these recommendations. Those laws are briefly summarized in the last part of this section.

The panel's fourth recommendation focused on the issue of ensuring quality child care services:

- **The federal government should initiate a process to develop national standards for child care.**

The 1990 federal legislation did not directly address the issue of quality. Rather, it made clear that states and local jurisdictions—through their roles in carrying out the other provisions of the legislation—would be responsible for overseeing the quality of child care services. To assist state and local officials, as well as child care providers, referral services, and concerned parents, the second part of this booklet details the panel's findings on quality child care: what characteristics determine quality care for children.

The panel's final recommendation turned to the issue of working parents who wish to provide their infants' care themselves.

- **The federal government should mandate job-protected leave for employed parents of infants up to 1 year of age.**

This recommendation recognized the need for close and early parent-child interaction and the shortage of quality infant care programs. At this time, parental leave legislation is still pending before Congress, and the ultimate resolution of parental leave issues is likely to require further study of the costs and other effects of leave policies on individual firms, on hiring decisions, and on the economy at large.

NEW FEDERAL LAW

The legislation enacted by Congress in October 1990 included a comprehensive package of child care measures. The new law (P.L. 101-508) includes provisions:

- to expand the Earned Income Tax Credit for low-income working families with children, adjusts it for family size, and creates two new related tax-credit programs;
- to aid children at risk of early school failure by reauthorizing, expanding, and substantially increasing funding levels for the Head Start Program; and
- to strengthen the infrastructure of the child care system by establishing new programs, including the Child Care Development Block Grant (CCDBG) program and a capped entitlement program under Title IV-A of the Social Security Act, Jobs opportunities and Basic Skills (JOBS) program.

As a result of these new and revised programs and tax credits, states and localities face the opportunity and challenge of sparking the evolution of current child care programs into more comprehensive, rational, coordinated,

and integrated systems. These measures relate to the first three of the panel's recommendations.

Federal Tax Credits

- **The federal government, in partnership with the states, should expand subsidies to support low-income families' use of quality child care programs and arrangements.**

In addition to expanding and simplifying the Earned Income Tax Credit (EITC), the new law provides a tax credit for low-income families with children under 1 year of age and another credit to subsidize health-insurance costs for low-income families with dependent children. The young-child supplement provides a credit of up to 5 percent of earned income for low-income families with children under 1 year of age. The health-insurance supplement provides a credit of up to $428 for low-income families who pay premiums for health insurance or copayments for employer-sponsored health plans that include coverage for children.

Over a 5-year period beginning in 1991, subsidies to families with dependent children will increase by more than $18.3 billion: an additional $12.4 billion in the basic EITC, $700 million in the young-child credit, and $5.2 billion in the health-insurance credit. Benefit levels, tied to the number of children in the family, increase incrementally through 1994, when the maximum basic credit will be approximately $1,860 for a family with one child and $2,025 for a family with two or more children.

The credits are available to low-income employed parents whether they care for their own children or have other child care arrangements. However, because a family that claims this credit cannot also claim the dependent-care tax credit for child care expenses for the same child, the supplement is essentially a subsidy for parents who remain at home to care for their infants.

Expansion of Head Start

- **In partnership with the states, the federal government should expand Head Start and other compensatory preschool programs for income-eligible 3- and 4-year-olds who are at risk of early school failure.**

The Augustus F. Hawkins Human Services Reauthorization Act of 1990 expands funding for the Head Start program and strengthens its quality and accountability. With the goal of serving all eligible children between the ages of 3 and 5, an additional $400 million is authorized for Head Start in the first year, bringing the total to nearly $2.4 billion. The annual funding level is authorized to reach $7.6 billion by fiscal 1994.

The law sets aside funds for improvements, including salary increases; earmarks funds for training and technical assistance; and requires that every Head Start classroom have at least one teacher with an appropriate early childhood degree or credential by 1994. Local grantees have the flexibility to tailor programs to meet the changing and diverse needs of participating children and their families and to provide full-day, year-round services.

Although the law directs the Head Start program to coordinate with the new child care grant programs, no mechanisms or resources are provided for the coordination. The law does authorize $20 million for the Head Start Transition Project, a new program of demonstration grants to provide follow-up support for Head Start graduates and other low-income children in kindergarten and early school grades.

State Grant Programs

- **Governments at all levels, along with employers and other private-sector groups, should make investments to strengthen the infrastructure of the child care system: expand resource and referral services; improve caregiver training and wages; expand vender voucher programs; encourage the organization of family day care systems; and improve planning and coordination.**

The new child care package includes the Child Care and Development Block Grant program, which allocates a total of $2.5 billion for fiscal 1991 through fiscal 1993 and additional funds thereafter. The grants to the states can be used for a variety of activities, and the states have considerable latitude to choose what particular programs and activities to fund.

States must use 75 percent of the funds to provide child care services for eligible children on a sliding-fee scale and to improve the availability and quality of child care. Priority is to be given to children in families with the lowest incomes and children with special needs. Most states will probably use these funds to subsidize the cost of child care services for low-income families.

The remaining 25 percent of the funds must be used to improve the quality of child care services and to increase the availability of early childhood education or before- and after-school child care services. Some of this money must be earmarked for resource and referral programs, grants or loans to help providers meet state and local standards, improvements in monitoring regulatory compliance and enforcement, training, or increases in the salaries of child care workers.

States must offer parents the option of enrolling their children with state-funded child care providers or receiving vouchers that can be used to pay for the child care services of any eligible provider. To be eligible, providers must be licensed, regulated, or registered and must meet state and local requirements.

To enhance parental choice and educate parents about child care services, states must undertake several specific activities, including providing parents and the general public with information about licensing and regulatory requirements, complaint procedures, and other state policies and practices regarding child care.

States must establish health and safety requirements for all child care providers who receive funds under the program and monitor the providers

for compliance. Although the law does not address several of the standards generally associated with quality (such as staff/child ratios, group-size limits, and staff qualifications), states must set standards for preventing and controlling infectious diseases, for ensuring the safety of the building and of program participants, and for training staff in basic health and safety practices. The law also requires states to review their licensing and regulatory requirements and policies if they have not done so within the past 3 years.

The second new grant program amends Title IV-A of the Social Security Act's Jobs Opportunities and Basic Skills program to provide states with additional funding for making child care services available on a sliding-fee scale to low-income parents who need such care in order to work and who might otherwise require ongoing support from the Aid to Families with Dependent Children (AFDC) program.

The child care package also amends the Title IV-A Child Care Improvement Grants program, which provides states with discretionary grants to improve licensing and registration and to monitor child care services provided to AFDC recipients. The new law substantially increases federal funds for the program and stipulates that at least half of the money be used for training child care workers.

II

Improving Quality

Enactment of the 1990 child care legislation refocuses the child care debate at state and local levels. Although it does not set any guidelines on quality, the new law does provide financial incentives, in the form of federal grants, for states and localities to set or revise standards related to health and safety, and it also specifies spending for improving the quality of care. This part summarizes the panel's information related to quality child care. This information provides criteria for evaluating standards and regulations based on specific indicators of quality. Although this material is directed primarily toward those who will regulate or promulgate professional standards, it can also be used to educate parents about how to recognize and assess child care quality. An informed consumer movement might have a far more powerful effect on quality child care than regulatory efforts alone.

CHARACTERISTICS OF QUALITY CHILD CARE

The Panel on Child Care and Policy drew on both academic research and standards of professional practice to define criteria for judging quality child care. Most of the research has concentrated on center-based care, although more recent studies have also looked at family day care settings. In addition, some research has looked at factors particularly relevant to home-based care, including alternative methods of regulation and mixed-age groupings of children.

The Panel on Child Care Policy concentrated on two research approaches that have been taken to identify particular qualitative dimensions in child care settings. The first focuses on specific structural features of the child care environment, such as group size, child/staff ratio, caregivers' qualifications, stability and continuity of caregivers, structure and content of daily activities, and organization of space. The second approach links children's development more closely with their daily experiences in child care, particularly with the interactions between caregivers and children.

Structural features appear to support and facilitate desirable interactions, but they cannot ensure optimal patterns of interaction. For example, even when staff/child ratios are satisfactory, caregivers may spend their time talking to one another and merely watching the children, rather than interacting with them. However, good structural features increase the likelihood of responsive and stimulating interactions and, thus, promote children's development.

The distinction between structural and interactive dimensions of quality is useful in differentiating between two of the major avenues for improving the quality of child care: government regulations and professional standards. Regulations are usually dichotomous (pass/fail), and experience in many fields has shown that minimum requirements often become the norm. Yet tough regulations may lead to higher costs that price many people

out of the market or into illegal "black market" arrangements. Nonetheless, when public funds subsidize care, regulating at least minimal health and safety conditions is generally recognized as essential. In contrast with regulations, professional standards are scalable and hence more useful in relating price and quality. Since many characteristics of quality are not appropriate for pass/fail regulations, professional standards may be most useful in educating parents about how to recognize quality care.

Regulations establish minimum requirements that are enforceable by state licensing authorities. Most regulations concern the structural dimensions of quality. All states, for example, regulate the square footage per child of indoor space in child care centers, and almost all regulate staff/child ratios. Many states also specify training requirements for staff and the square footage that must be available per child outdoors. Although many state regulations address such factors as the nature of potential disciplinary interactions, such as corporal punishment, the regulations generally do not focus on the interactive aspects of quality.

Professional standards address both structural features and interactions between caregivers and children. Moreover, unlike regulations, professional standards spell out goals for high-quality child care. The accreditation criteria of the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC), for example, go beyond structural features to include criteria for interactions between staff and children and between staff and parents. These criteria describe qualitative aspects of interactions, such as:

> Staff interact frequently with children. Staff express respect for and affection toward children by smiling, holding, touching, and speaking to children at their eye level throughout the day. . . . Staff are available and responsive to children; encourage them to share experiences, ideas, and feelings; and listen to them with attention and respect.

Research with NAEYC's accreditation program has supported the reliability and validity of the assessment of interactions in early childhood settings

and has underscored the importance of interactive features in assessing a program's quality. The NAEYC accreditation program has shown that it is possible to delineate well-grounded and attainable guidelines for constructive interactions in early childhood programs. An additional advantage of these criteria is their utility for parents in evaluating trade-offs between price and quality.

STRUCTURAL ASPECTS OF QUALITY

Regulatory efforts to promote quality in child care centers and family day care homes have primarily addressed the structural aspects of child care. This section summarizes the evidence regarding those aspects.

Group Size

Group size has the most consistent and pervasive effects on the behavior of children in child care settings. In both centers and family day care homes, patterns of interaction are less positive and development is less advanced for those in large groups than for those in small groups. Research and professional practice suggest the following ranges for group size:

- **6 to 8 infants;**
- **6 to 12 1-year-olds or 2-year-olds;**
- **14 to 20 3-year-olds; and**
- **16 to 20 4- or 5-year-olds.**

Despite research showing the importance of group size, the 1979 National Day Care Study pointed out that group size is not consistently regulated by the states. The report urged wider inclusion of group size in child care regulations, but a decade later a survey by the Panel on Child Care Policy found that only 20 states and the District of Columbia regulate group size

for all ages in child care centers. Five other states regulate group size only for infants. All but three states, however, regulate group size in family day care. Group size is one aspect of quality in which research findings have not influenced policy. Many of the studies of child care are not methodologically strong, perhaps because it is difficult to do this research: there remains a need for further research, particularly on the differing implications of staff/child ratios in groups of different sizes.

Staff/Child Ratio

Because ratio is usually synonymous with group size in family day care, research findings on ratio focus on center care. The National Day Care Study found higher ratios of children per adult caregiver to be associated with more distress in infants and toddlers. Higher ratios were also linked with apathy in infants and with situations that were potentially dangerous for infants. Research has found that lower ratios for toddlers enabled caregivers to facilitate positive social interactions and to foster more positive emotional climates. In groups with more children per adult, toddlers talked and played significantly less. Although studies of staff/child ratios for children of preschool age have produced inconsistent research findings and further studies are warranted, current wisdom suggests the following ranges:

- **4 infants or 1-year-olds for each caregiver;**
- **4 to 6 2-year-olds for each caregiver;**
- **5 to 10 3-year-olds for each caregiver; and**
- **7 to 10 4- or 5-year-olds for each caregiver.**

The Panel on Child Care Policy found that every state except Nevada specifies staff/child ratios. There is substantial variation, however, in what states view as acceptable ratios for children of different ages. For example, California and the District of Columbia require a caregiver for each four infants; Georgia requires one for each seven infants. For 3-year-olds, North

Dakota requires a ratio of one caregiver for each seven children; Arizona, North Carolina, and Texas permit one caregiver per fifteen children.

Table 1 presents the state regulations covering several features of family day care settings, including group size. (The data in this table and the other tables in this section are based on G. Morgan, *The National State of Child Care Regulation, 1986* [Watertown, Mass.: Work/Family Directions, 1986] and the panel's 1988 survey; some regulations may have changed since the survey.) What is most striking about the regulations is the disparity on what is regulated and what the regulations are.

Table 2 presents the state regulations covering several features of center care, including group size and staff/child ratio. Again, the wide variety is striking, and it is also notable that many of the regulations do not appear to be based on what research and professional practice suggest.

Caregivers' Qualifications

Both research and professional standards recognize caregivers' training in child development, and perhaps their overall years of education, as important to children's experiences and development in child care. Professional standards address the need for stability and continuity of caregivers by recommending the long-term assignment of specific caregivers to particular groups of children in order to promote affectionate relationships between individual caregivers and children. The National Day Care Study concluded that, for preschoolers, the key variable in caregivers' qualifications was child-related training, which is associated with more social interactions between caregivers and children, more cooperation and persistence with tasks among children, and less time spent by children uninvolved in activities. For infants and toddlers, however, the amount of caregivers' overall education also showed positive effects.

Research has shown that caregivers' training has strong and positive effects in all three types of family day care homes that have been studied: sponsored

(homes that are members of networks), regulated, and unregulated. For example, in sponsored and regulated family day care homes, training was associated with more teaching, helping, and dramatic play and with less activity that did not involve interacting with children. Other studies have found that caregivers' overall education is the most important predictor of how caregivers communicate with children.

The evidence, then, points to positive effects of both education and training specifically related to child development. In contrast, there is little indication that experience alone is positively related to caregivers' interactions with children or to children's behavior or development. Although the research affirms the importance of caregivers' qualifications, the Panel on Child Care Policy found that only 27 states and the District of Columbia require preservice training for teachers in child care centers, and only about one-quarter of the states require such training for family day care providers.

Table 3 presents the state regulations covering caregiver qualifications and protective features for family day care. Table 4 presents the same data for center care. For these features, too, there is noticeable difference among the states in what they regulate.

Stability and Continuity of Caregivers

In both family day care and center care, children's needs for enduring relationships with particular caregivers are more adequately fulfilled if the children do not experience frequent changes of caregivers resulting from staff turnover or families' changing their child care arrangements. The ability of a child care center to fulfill these needs is enhanced when the children can become involved with particular caregivers among the several to whom they are exposed. Although states cannot directly regulate staff stability for child care providers, such stability is a structural feature of quality that could probably be affected by higher salaries for caregivers.

TABLE 1 State Regulation of Family Day Care: General Features and Group Size

State	General Features					Group Size	
	Type of Regulation[a]	Inspections per Year	Minimum Size Covered[b]	Square Feet Indoors[c]	Square Feet Outdoors[c]	No. of Children Under 2 Years Per Caregiver	Maximum Group Size Permitted
Alabama	Lic.	1	1	NS	NS	NS	6
Alaska	Lic.	1 per 2 yrs.	5	NS	NS	2 < 30 mos.	6
Arizona	None	--	--	--	--	--	--
Arkansas	Lic.	3-4	7	35	75	3	10
California	Lic.	10% sample	2	NS	NS	3	6
Colorado	Lic.	33% sample	2	35	75	2	6
Connecticut	Mand. Reg.	1 per 2 yrs.	1	NS	NS	2	6
Delaware	Mand. Cert.	1	1	NS	NS	4	6
District of Columbia	Lic.	1	1	NS	NS	2	5
Florida	Lic. (County) Reg. (State)	2	2	NS	NS	NS	5
Georgia	Reg.	3% sample	3	35	NS	NS	6
Hawaii	Reg.	1	3	35	75	2	5
Idaho	Vol. Reg.	1	1	NS	NS	NS	6
Illinois	Lic.	1	4	NS	NS	3	8
Indiana	Lic.	1	6	35	50	6	10
Iowa	Vol. Reg.	20% sample	1	35	50	4	6
Kansas	Lic.	NA	1	25	NS	1 < 18 mos.	10
Kentucky	Lic.	1	4	35	60	NS	12
Louisiana	None	--	--	--	--	--	--
Maine	Lic. or Reg.	1	3	35	NS	NS	10
Maryland	Reg.	1	1	NS	NS	2	6
Massachusetts	Lic.	NA	1	NS	75	2	6
Michigan	Lic.	0	1	35	400 total	NS	6
Minnesota	Lic.	NA	2	35	50	NS	6
Mississippi	None	--	--	--	--	--	--
Missouri	Lic.	2	4	35	75	2	10
Montana	Reg.	15% sample	3	NS	0	3	6

Nebraska	Reg.	5% per month	4	35	50	2 < 18 mos.	8
Nevada	Lic.	4	5	35	37.5	2 < 13 mos.	6
New Hampshire	Lic.	3 per 2 yrs.	4	35	50	2	6
New Jersey	Vol. Reg.	1 per 3 yrs.	3	NS	1	NS	8
New Mexico	Lic.	2	5	35	60	2	6
New York	Lic.	1	3	NS	NS	2	6
North Carolina	Reg.	NA	1	NS	NS	NS	5
North Dakota	Lic.	2	6	35	75	NS	7; 4 < 2 yrs.
Ohio	Cert.	2	1	NS	NS	NS	12
Oklahoma	Lic.	4	1	35	75	NS	5
Oregon	Vol. Reg.	0	1	35	NS	2	5
Pennsylvania	Reg.	20% sample	4	NS	NS	4 < 3 yrs.	6
Rhode Island	Cert.	1 per 2 yrs.	4	NS	NS	NS	6
South Carolina	Reg.	0	2	NS	NS	NS	6
South Dakota	Reg.	1-12	1	NS	NS	NS	NR
Tennessee	Lic.	2	5	NS	NS	4	7
Texas	Reg.	0	4	NS	NS	4 < 18 mos.	12
Utah	Lic.	1 per 2 yrs.	4	35	40	2	8
Vermont	Lic.	2	3	35	75	2	6
Virginia	Lic.	2	6	NS	NS	4	9
Washington	Lic.	0	1	35	1	2	6
West Virginia	Vol. Reg.	1	1	NS	0	NS	NR
Wisconsin	Lic.	Varies	4	35	75	4	8
Wyoming	Lic.	Varies	3	35	75	2	6

[a]Cert., certificate; Lic., license; Mand., mandatory; Reg., registration; Vol., voluntary
[b]Number of children
[c]Per child

Abbreviations:
NA, not ascertained
NR, not regulated: not mentioned in regulations
NS, not specified: mentioned, but not quantified (e.g., "adequate")

TABLE 2 State Regulation of Center Care: General Features, Staff/Child Ratio, and Group Size

State	General Features				Staff/Child Ratio			Group Size		
	Inspections per Year	Square Feet Indoors[a]	Square Feet Outdoors[a]	Permitted Age of Entry	≤ 1-Year-Olds	3-Year-Olds	5-Year-Olds	1-Year-Olds	3-Year-Olds	5-Year-Olds
Alabama	1	35	60	8 wks.	1:6	1:10	1:20	6	10	20
Alaska	1 per 2 yrs.	35	75	6 wks.	1:5	1:10	1:15	NR	NR	NR
Arizona	2	25	75	NR	1:5	1:15	1:25	NR	NR	NR
Arkansas	3-4	35	75	6 wks.	1:6	1:12	1:18	NR	NR	NR
California	1	35	75	NR	1:4	1:12	1:12	NR	NR	NR
Colorado	1 per 2 yrs.	30	75	6 wks.	1:5	1:10	1:15	NR	NR	NR
Connecticut	1 per 2 yrs.	35	75	NR	1:4	1:10	1:10	8	20	20
Delaware	1	3	50	NR	1:4	1:10	1:25	NR	NR	NR
District of Columbia	1	35	60	NR	1:4	1:8	1:15	8	16	25
Florida	4	20	45	NR	1:6	1:15	1:25	NR	NR	NR
Georgia	4	35	100	NR	1:7	1:12	1:18	NR	NR	NR
Hawaii	1-3	35	NR	2 yrs.	—	1:12	1:20	NR	NR	NR
Idaho	1	NS	NS	NR	1:12	1:12	1:12	NR	NR	NR
Illinois	1	35	75	3 wks.	1:4	1:10	1:20	12	20	20
Indiana	3	35	50	NR	1:4	1:10	1:15	8	NR	NR
Iowa	1	35	75	2 wks.	1:4	1:8	1:15	NR	NR	NR
Kansas	NA	35	75	2 wks.	1:3	1:12	1:12	9	24	28
Kentucky	1	35	60	NR	1:6	1:12	1:15	NR	NR	NR
Louisiana	1	35	75	NR	1:6	1:14	1:20	NR	NR	NR
Maine	1	35	75	6 wks.	1:4	1:10	1:10	12	NR	NR
Maryland	1	35	75	8 wks.	1:3	1:10	1:13	6	20	26
Massachusetts	NA	35	75	4 wks.	1:3	1:10	1:15	7	20	30
Michigan	1	35	1,200 total	NR	1:4	1:10	1:12	NR	NR	NR
Minnesota	NA	35	50	6 wks.	1:4	1:10	1:10	8	20	20
Mississippi	2	35	70	NR	1:5	1:14	1:20	NR	NR	NR
Missouri	2	35	75	6 wks.	1:4	1:10	1:16	8	16	16
Montana	1	35	75	NR	1:4	1:8	1:10	NR	NR	NR

Nebraska	2	35	50	6 wks.	1:4	1:10	1:15	NR	NR	NR
Nevada	4	35	37.5	NR	NR	NR	NR	NR	NR	NR
New Hampshire	3 per 2 yrs.	35	50	6 wks.	1:4	1:8	1:15	8	12	NR
New Jersey	1 per 3 yrs.	30	50	NR	1:4	1:10	NR	NR	NR	NR
New Mexico	2	35	60	6 mos.	1:6	1:12	1:15	NR	NR	NR
New York	1	35	NS	8 wks.	1:4	1:6	1:8	8	20	16
North Carolina	3	25	75	NR	1:7	1:15	1:25	14	25	25
North Dakota	2	35	75	NR	1:4	1:7	1:12	NR	NR	NR
Ohio	2	35	60	NR	1:6	1:12	1:14	12	24	28
Oklahoma	4	35	75	NR	1:6	1:12	1:15	12	24	30
Oregon	1	35	75	6 wks.	1:4	1:10	1:15	8	20	30
Pennsylvania	1	40	65	NR	1:4	1:10	1:10	NR	NR	NR
Rhode Island	1	35	NR	6 wks.	1:4	1:8	1:12	4	15	25
South Carolina	Varies	35	75	NR	1:8	1:15	1:25	NR	NR	NR
South Dakota	1-12	35	50	4 wks.	1:5	1:10	1:10	20	20	20
Tennessee	2	30	50	6 wks.	1:5	1:10	1:20	10	20	25
Texas	2	30	80	NR	1:5	1:15	1:22	14	35	35
Utah	3	35	40	NR	1:4	1:15	1:20	8	NR	NR
Vermont	2	35	75	NR	1:4	1:10	1:10	8	20	20
Virginia	2	25	75	NR	1:4	1:10	1:20	NR	NR	NR
Washington	1	35	75	4 wks.	1:4	1:10	1:10	8	20	20
West Virginia	1	35	75	3 mos.	1:4	1:10	1:15	NR	NR	NR
Wisconsin	Varies	35	75	NR	1:4	1:10	1:17	8	20	32
Wyoming	1	35	75	NR	1:5	1:10	1:20	NR	NR	NR

[a]Per child

Abbreviations:
NA, not ascertained
NR, not regulated: not mentioned in regulations
NS, not specified: mentioned, but not quantified (e.g., "adequate")

TABLE 3 State Regulation of Family Day Care: Caregiver Qualifications and Protective Features

State	Caregiver Qualifications			Protective Features		
	Preservice Training Required	Criminal Records Checked	Child Abuse Registry Checked	Immunizations Required	Corporal Punishment Permitted	Parental Right to Visit
Alabama	Yes	Yes	No	Yes	No	NR
Alaska	No	No	No	No	Yes[a]	NR
Arizona	--	--	--	--	--	--
Arkansas	No	No	No	Yes	Yes	NR
California	No	Yes	Yes	No	No	Yes
Colorado	Yes	Yes	Yes	Yes-P	No	Yes
Connecticut	No	Yes	No	NA	No	L
Delaware	Yes	No	Yes	Yes	No	L
District of Columbia	No	No	No	Yes	NR	NR
Florida	Yes	Yes	Yes	Yes	No	NR
Georgia	Yes	Yes	No	Yes	No	NR
Hawaii	Yes	Yes	No	Yes	No	NR
Idaho	No	No	No	NA	NS	NA
Illinois	No	Yes	Yes	No	No	Yes
Indiana	No	No	No	No	NS	NR
Iowa	No	Yes	Yes	No	NS	NR
Kansas	No	Yes	Yes	Yes	NS	Yes
Kentucky	No	Yes	No	Yes	No	NR
Louisiana	--	--	--	--	--	--
Maine	No	No	Yes	No	No	NR
Maryland	No	No	No	No	NS	NR
Massachusetts	Yes	Yes	No	Yes	No	Yes
Michigan	No	Yes	Yes	Yes	No	NR
Minnesota	Yes	Yes	No	Yes-TP	No	NR
Mississippi	--	--	--	--	--	--
Missouri	No	Yes	Yes	Yes	No	NR
Montana	No	No	No	Yes	No	NR

Nebraska	No	Yes	NA	No	Yes	NR
Nevada	Yes	Yes	No	Yes	No	Yes
New Hampshire	Yes	Yes	No	Yes	No	NR
New Jersey	No	No	No	NA	NA	NA
New Mexico	No	Yes	No	Yes	No	NR
New York	No	No	Yes	Yes	NR	Yes
North Carolina	No	No	No	Yes	No	NR
North Dakota	No	No	Yes	Yes	No	L
Ohio	No	No	No	Yes	NS	Yes
Oklahoma	No	No	No	Yes	No	NR
Oregon	No	Yes	Yes	No	No	NR
Pennsylvania	No	Yes	Yes	Yes	No	NR
Rhode Island	Yes	Yes	No	Yes	No	NR
South Carolina	No	No	No	No	Yes	NR
South Dakota	No	No	Yes	Yes	No[b]	NR
Tennessee	No	Yes	Yes	Yes	Yes[b]	NR
Texas	No	Yes	No	Yes	Yes	NR
Utah	Yes	Yes	Yes	Yes	No	Yes
Vermont	No	No	No	No	No	Yes
Virginia	No	No	No	Yes	No	Yes
Washington	No	Yes	Yes	Yes	No	NR
West Virginia	No	Yes	No	Yes	NR	NR
Wisconsin	Yes	No	No	Yes	No	Yes
Wyoming	Yes	No	No	Yes	No	NR

[a]For children at least 3 years old
[b]For children at least 15 months old

Abbreviations:
L, limited
NA, not ascertained
NR, not regulated: not mentioned in regulations
NS, not specified: mentioned, but not quantified (e.g., "adequate")
P, preschoolers
TP, toddlers and preschoolers

TABLE 4 State Regulation of Center Care: Caregiver Qualifications and Protective Features

State	Caregiver Qualifications: Preservice Training Required: Directors	Teachers	Assistants	Health Training Required	First Aid Training Required	Criminal Records Checked	Child Abuse Registry Checked	Protective Features: Immunizations Required	Corporal Punishment Permitted	Parental Right to Visit
Alabama	Yes	No	NA	No	No	Yes	No	Yes	No	L
Alaska	No	No	No	No	Yes	No	No	Yes	Yes	L
Arizona	Yes	Yes	No	Yes	No	Yes	No	No	No	Yes
Arkansas	Yes	No	No	No	No	No	No	Yes	Yes[a]	NR
California	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes
Colorado	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	L
Connecticut	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes
Delaware	Yes	Yes	No	No	Yes	No	Yes	Yes	NS	Yes
District of Columbia	Yes	Yes	No	No	No	No	No	Yes	NR	NR
Florida	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Georgia	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes
Hawaii	No	Yes	Yes	Yes	No	Yes	No	Yes	No	NR
Idaho	No	No	No	No	No	Yes	No	No	NS	NR
Illinois	Yes	Yes	No	No	No	Yes	Yes	Yes	No	L
Indiana	Yes	No	No	No	Yes	No	No	Yes	No	Yes
Iowa	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes
Kansas	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes
Kentucky	No	No	No	Yes	No	Yes	No	Yes	No	NR
Louisiana	No	No	No	No	No	No	No	Yes	No	NR
Maine	Yes	No	No	No	No	Yes	No	Yes	No	L
Maryland	Yes	Yes	No	Yes	No	No	No	Yes	NS	NR
Massachusetts	Yes	Yes	No	Yes	Yes	No	No	Yes	No	L
Michigan	Yes	No	No	Yes	No	Yes	Yes	Yes	No	L
Minnesota	Yes	Yes	No	Yes	No	No	No	Yes-TP	No	NR
Mississippi	No	No	No	No	No	No	No	Yes	NR	NR
Missouri	Yes	Yes	No	No	No	Yes	Yes	Yes	No	NR
Montana	Yes	Yes	No	Yes	No	No	No	Yes-TP	No	NR

Nebraska	Yes	Yes	No	No	Yes	Yes	NA	No	No	L
Nevada	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
New Hampshire	No	Yes	Yes	Yes	No	Yes	No	Yes	No	NR
New Jersey	Yes	Yes	No	Yes	No	No	No	Yes-TP	No	Yes
New Mexico	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes
New York	No	Yes	No	Yes	No	No	Yes	Yes	No	L
North Carolina	Yes	Yes	No	No	Yes	No	No	Yes	No	NR
North Dakota	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	L
Ohio	Yes	Yes	Yes	No	Yes	No	No	Yes	NS	Yes
Oklahoma	Yes	No	No	No	No	No	No	Yes	No	NR
Oregon	Yes	No	No	No	Yes	Yes	Yes	Yes	No	L
Pennsylvania	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	NR
Rhode Island	Yes	Yes	Yes	No	Yes	Yes	No	Yes	NR	L
South Carolina	Yes	No	No	Yes	No	Yes	No	Yes	Yes	NR
South Dakota	Yes	No	No	Yes	No	No	Yes	Yes	No[b]	L
Tennessee	No	No	No	No	Yes	Yes	Yes	Yes	Yes[b]	NR
Texas	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	NR
Utah	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes
Vermont	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Virginia	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Washington	Yes	No	No	No	Yes	Yes	Yes	Yes	No	NR
West Virginia	Yes	No	No	Yes	No	Yes	No	Yes	No	L
Wisconsin	Yes	Yes	NA	Yes	No	No	No	Yes	No	Yes
Wyoming	No	No	No	No	Yes	No	No	Yes	No	NR

[a] For children at least 3 years old
[b] For children at least 15 months old

Abbreviations:
NA, not ascertained
NR, not regulated: not mentioned in regulations
NS, not specified: mentioned, but not quantified (e.g., "adequate")

Structure and Content of Daily Activities

Research points to the importance of providing a mix of daily learning activities and unstructured time in child care settings, rather than providing purely custodial care. Permitting children to make choices and to initiate and set the pace of learning activities is also beneficial.

Professional standards emphasize the need for a daily routine that is both structured and flexible, that incorporates activities to foster both cognitive and social development, and that allows children to make choices and to set their own pace.

Research has shown that, although unstructured time is not inherently negative, child care programs that offer nothing else do not contribute to children's cognitive development. Some emphasis on planned teaching activities appears to benefit children.

There is also some evidence that a range of high-quality preschool curricula can facilitate intellectual development, particularly among children in "high risk" groups. Thus, for example, one study found that "a variety of curricula are effective in preparing children for school and that any of the tested curricula is better than no program at all."

When social development is considered, however, research indicates that different curricula do have differing implications. Long-term studies found that children in a teacher-directed preschool program demonstrated less adequate social adaptation than children assigned to preschool programs in which children initiated and paced their own learning activities in environments prepared by teachers. This finding points to the importance not only of the content a curriculum attempts to convey, but also of the process through which learning occurs. Children's active initiation and pacing of their learning activities appears to have positive implications for their social development. Research on learning processes also points to the need for curricula to allow for individual differences in learning styles and to the importance of learning through interactions.

Space and Facilities

Research and professional standards agree that children's experiences in child care are generally more positive when the space is well organized, differentiated, orderly, and designed for children's use. The adequacy of space as a qualitative dimension differs for family day care and center care. In family day care, the issue is whether children are cared for in a space that remains designed primarily for adults or whether adaptations have been made to orient the space for children. In center care, where space is oriented for children, the relevant issues are sufficiency and organization of space and equipment. When family day care space is not child oriented (for example, children are in a family's unadapted living room or kitchen), caregivers tend to be more restrictive and less responsive to children, and positive emotional climates and positive social relations are more difficult to achieve. In centers, some research indicates that children's social problem-solving skills are influenced by whether the center has a variety of age-appropriate materials and is arranged to accommodate groups of varying sizes. Children demonstrate better cognitive and social skills in orderly centers with more varied and stimulating materials and with space organized into activity areas.

Regulation of Family Day Care Homes

Although virtually all child care centers are licensed, a majority of family day care homes are not. Available studies suggest that the regulatory status of family day care homes is predictive of caregivers' behavior and children's experiences and development. In 1981 the National Day Care Home Study considered three types of care: sponsored family day care, in which homes are organized into networks; regulated family day care; and unregulated family day care.

Unregulated family day care homes showed the lowest levels of interactions between caregivers and 1- to 5-year-olds and sponsored homes the

highest. Caregivers in unregulated family day care homes also spent substantially more time uninvolved with children. Observations in sponsored family day care homes revealed more teaching activities by caregivers, more facilitation of language development, and more structured activities for fine-motor skills and for music and dancing.

Although caregivers in centers have opportunities for regular contact with colleagues, sharing of tasks, and the possibility of relief from difficult interactions with children, caregivers in family day care settings do not. It is possible that the frequency with which family day care providers receive individual supervision significantly affects the quality of their interactions with children. The research suggests that membership in a network of family day care providers may benefit caregivers, perhaps alleviating their isolation. Thus, collegial contacts through a network or through supervision may improve the quality of daily experiences for children in family day care.

Despite the fact that the regulatory status of family day care programs appears linked to the quality of care provided, an estimated 60 percent of family day care homes are unregulated.

Other Features

Several structural features of child care settings may influence the quality of care. Little is known, for example, about the role of overall center size, parental involvement, and sensitivity to children's ethnic, racial, and cultural backgrounds, although some research suggests that these factors may be significant.

For example, in 1970 one researcher found that teachers spent more time managing behavior and emphasizing rules in centers with more than 60 children than in smaller centers. Furthermore, in the smaller centers, teachers were more often rated as sensitive, and children were more often rated as highly interested and enthusiastically involved in activities.

Child development professionals view two other structural aspects of child care as important components of quality: parental involvement and the recognition and active appreciation of children's cultures. For example, the National Black Child Development Institute and the National Association for the Education of Young Children recommend that programs encourage the involvement of parents and other family members, and parental involvement is a key feature of Head Start programs.

Head Start has also played a pioneering role in making multicultural sensitivity an integral part of its program. Developmental research underscores the importance of providing a child care environment that builds and sustains the self-esteem of children from minority cultures. Some studies show links between minority children's academic competence and their identification with their own culture, which suggests that cultural affirmation may be an important component in the quality of child care.

PROFESSIONAL GUIDELINES FOR QUALITY

Although research helps in identifying which structural dimensions of quality are important in child care, program evaluations and professional expertise are more useful in identifying the ranges and limits for specific dimensions of quality. The Panel on Child Care Policy identified four sets of standards for professional practice and two sets of requirements for receipt of federal funding:

- *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, National Association for the Education of Young Children (NAEYC)*—developed in 1984 to "improve the quality of life for young children" and were designed for programs serving 10 or more children.

- *Safeguards: Guidelines for Establishing Programs for Four Year Olds in the Public Schools, National Black Child Development Institute (NBCDI)*—developed in 1987 as suggestions for ensuring that early education programs in the public schools create productive and effective learning environments for black children and produce long-lasting benefits in the children's development.

- *Early Childhood Environment Rating Scale (ECERS)*—developed in 1980 "to provide a basis for evaluation and planning" of programs serving children at least 9 months of age in child care centers.

- *Standards for Day Care Service, Child Welfare League of America (CWLA)*—developed in 1960 and revised in 1984 "to be goals for continual improvement of services to children and families. They represent practices considered to be most desirable . . . These are therefore standards for social welfare services for children, regardless of auspices or setting," including agencies, center-based programs, and family day care homes. The standards are designed for comprehensive programs and urge planning of services to meet children's needs. The standards for center-based programs are designed primarily for programs serving children aged 3 and older, and the standards note that "family day care is suitable for all children and may be preferable for infants."

- *Federal Interagency Day Care Requirements (FIDCR)*—developed in 1968 and revised in 1980 in an effort to standardize the requirements of federally funded programs providing comprehensive services to children; suspended in 1981. Designed for family day care homes, group day care homes, and child care centers, the requirements addressed the needs of children from infancy through age 14 (although no requirements were set for center-based care of children under age 3).

- *Head Start Performance Standards* promulgated in 1975 to cover all Head Start programs, which are limited to those children between the age of 3 and the age of compulsory school attendance, unless the agency's approved grant provides otherwise.

Compliance with professional standards is voluntary. Compliance with FIDCR was mandatory for programs receiving federal funds, and compliance with the performance standards is a condition of federal Head Start funding. Child care providers generally must evaluate their own programs, with the help of parents and professionals.

Because standards of quality specific to family day care programs have been lacking until the recent program of accreditation for family day care homes, launched by the National Association for Family Day Care, the standards discussed here pertain almost entirely to care in centers. Table 5 provides an overview of how the different sets of professional standards and federal requirements address various indicators of quality.

The guidelines do not always agree precisely, but they can be combined to define an acceptable range for each dimension. For example, three professional organizations set guidelines for maximum ratios and group sizes, although only NAEYC does so for group sizes for infants and toddlers. For ratios, all the standards agree that there should be at least one caregiver for every four children from birth to age 2. The standards identify a range of acceptable ratios for older children: one caregiver for every four to six 2-year-olds, five to ten 3-year-olds, or seven to ten 4-year-olds and 5-year-olds. For group size, the professional standards identify the ranges at fourteen to twenty 3-year-olds, sixteen to twenty 4-year-olds, or sixteen to twenty 5-year-olds. NAEYC's recommendation for maximum group size for younger children in child care centers is eight infants or twelve toddlers.

Four of the organizations provide guidelines for professional qualifications of child care staff. The standards agree that full teachers in centers should have training in early childhood education or development, but they disagree as to whether such training should be part of professional education, such as a college degree.

The professional standards specify that child care programs should provide a daily organization that is both structured and flexible, that curricula should encompass social as well as cognitive components, and that there

TABLE 5 Indicators of Quality Addressed by Professional Standards and Federal Requirements

INDICATOR	NAEYC	NBCDI	ECERS	CWLA	FIDCR	Head Start
Caregiver Qualifications and Roles						
Potential for forming affectionate relationship with familiar care-giver	X			X		
Frequent positive interaction between caregiver and children; caregivers responsive, positive, accepting, and comforting	X		X			X
Caregiver training related to child development	X	X		X	X	
Opportunities for caregiver training	X	X	X		X	X
Group Sizes and Ratios						
Maximum group size	X			X	X	
Staff/child ratio		X		X	X	
Curriculum Content and Structure						
Curriculum encompassing both socioemotional and cognitive development	X	X		X	X	X
Children selecting some activities	X	X	X			X
Experience with cooperative group process	X					
Curriculum structured but not overly rigid	X	X	X	X		
Children's culture recognized, appreciated	X	X	X			
Physical Characteristics of Program						
Child-oriented environment	X		X	X	X	X
Orderly, differentiated setting	X		X	X		X
Parental Participation						
Parental involvement	X	X	X		X	
Parent-staff conferences and communication		X		X	X	

should be options for children to select and pace their own activities from among several possibilities provided by caregivers. In addition, professional standards specify the need for an orderly, differentiated physical environment that is designed for children. The standards not only recommend parental involvement and the affirmation of cultural diversity, but they also describe how to address such dimensions of quality in actual practice.

For further information about professional standards and federal requirements, see:

- *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, National Association for the Education of Young Children (NAEYC)* (S. Bredekamp, ed. Washington, D.C.: National Association *for the Education of Young Children, 1984).*
- *Safeguards: Guidelines for Establishing Programs for Four Year Olds in the Public Schools, National Black Child Development Institute (NBCDI)* (Washington, D.C.: National Black Child Development Institute, 1987).
- *Early Childhood Environment Rating Scale (ECERS)* (T. Harms and R.M. Clifford. New York: Teachers College Press, 1980).
- *Standards for Day Care Service, Child Welfare League of America (CWLA)* (New York: Child Welfare League of America, 1984).
- *Federal Interagency Day Care Requirements (FIDCR)* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, U.S. Office of Economic Opportunity, and U.S. Department of Labor [DHEW Publ. No. OHDS 78-31081], 1968).
- *Head Start Performance Standards* (Washington, D.C.: U.S. Department of Health and Human Services [45-CFRR-1304], 1984).

For a detailed review of the research on child development and of the current status of child care in the United States, see the report of the Panel on Child Care Policy:

- *Who Cares for America's Children?* (Washington, D.C.: National Academy Press, 1990).

THE UNFINISHED AGENDA

Despite the fact that research and practice have uncovered key elements for improving quality, much still must be done in order for the majority of our children to receive safe, health and developmentally stimulating child care. The enactment of P.L. 101-508 provides incentives for state and local policy makers to use the information in this booklet as they evaluate and revise their policies and regulations to promote high-quality child care.

The Panel on Child Care and Policy urges policy makers to consider both the structural and interactive dimensions of quality implied by their regulations and standards. The panel further suggests that in order to ensure the best possible experiences for our children, child care policies must address:

- **group size,**
- **child/staff ratios,**
- **caregiver qualifications,**
- **stability and continuity of caregivers,**
- **structure and content of daily activities, and**
- **organization of space.**

When all the dimensions of quality are addressed, a good program results; conversely, when various features of quality are ignored, a poor program results: see box on opposite page.

The combined perspectives of academic research and professional practice provide a picture of the key features of high-quality child care. Although further research is needed about some of the dimensions of quality, the current state of knowledge is significant, and should influence policy and practice.

State regulations, however, very often paint a different picture, as can be seen in Tables 1-4. For example, only a minority of states regulate group size for all age groups. Nearly 75 percent of the states do not require any

In "Child Care and Early Childhood Programs" (in *Conditions of Children in California*, Berkeley, Calif: Policy Analysis for California Education, 1989), Professor Norton Grubb of the School of Education at the University of California at Berkeley painted a picture of a good program:

> The physical space is carefully arranged to provide a variety of activities so that children in one area will not interfere with those in another; areas for active play are separated from those for quieter activities and privacy. Activities are carefully paced throughout the day and are geared to the rhythms of children coming and going and to fluctuating levels of children's and teacher's energy. Although most good centers devote some time to relatively formal cognitive development, most of the "curriculum" is embedded in games, toys, and different activity centers within classrooms, and is designed to allow children to initiate activities.
>
> In such settings, teachers circulate constantly, interacting with children, engaging nonparticipating children in activities, and anticipating problems before they develop . . . The best teachers are warm and loving, but warmth alone is insufficient; an effective teacher . . . understands the developmental stages and thoughts of young children and responds to them intelligently as well as lovingly. A well-run child care class, bustling with activity, seems to be running itself, but in fact the influence of the teacher is pervasive though hidden.

And he painted a picture of a poor program:

> . . . many children spend large amounts of time unfocused, drifting among activities in ways that leave them both bored and frazzled. Without constant monitoring, some children may become wild, especially if they are bored, and they may respond in a dangerous or violent manner. Under these circumstances untrained teachers . . . may be pushed to the limits of their patience. . . . If the center has cut corners on adult/child ratios—not difficult to do, especially with lax enforcement of licensing—then the chaos, inattention of teachers, management problems, and harsh direction and punishment become even more serious.

preservice training for family day care providers, and in general state regulations do not address issues of daily structure or curriculum in child care. A substantial number of states do not set space requirements—either square footage or design—for family day care homes. And staff/child ratios vary widely, with some states permitting six 3-year-olds per caregiver and others permitting as many as fifteen.

Although the evidence underscores children's need for enduring relationships with caregivers, the turnover rate in child care settings is extremely high in the United States. In some localities and among some types of providers, for example, turnover rates are as high as 41 percent annually. Research suggests a link between caregivers' low wages and benefits and the high turnover rates. States cannot directly regulate child care staff stability, but they could influence it indirectly through requirements that enhance caregivers' working conditions, wages, and benefits. Improving pay and benefits for caregivers will increase the cost of care, however. Without significantly larger public subsidies than are now available, many families will be unable to afford the higher quality of care and may be forced to place their children in even less adequate arrangements. State regulators are thus left with an ongoing dilemma of how to balance the competing goals of quality and financial access.

With the available knowledge and the impetus for change, the time is right for redirecting child care policy toward safe, healthy, and high-quality experiences for all of America's children. It is hoped that the information provided in this publication will aid in that effort.

PANEL ON CHILD CARE POLICY

John Palmer (*Chair*), The Maxwell School of Citizenship and Public Affairs, Syracuse University
J. Lawrence Aber, Department of Psychology, Barnard College
Robert N. Beck, Bank of America, San Francisco, Calif.
Barbara Bowman, Erickson Institute, Chicago, Ill.
Andrew Cherlin, Department of Sociology, Johns Hopkins University
Judith F. Dunn, Department of Individual and Family Studies, Pennsylvania State University
Robert LeVine, Graduate School of Education, Harvard University
Eleanor E. Maccoby, Department of Psychology, Stanford University
Ruth Massinga, Casey Family Program, Seattle, Wash.
Rebecca A. Maynard, Mathematica Policy Research, Inc., Princeton, N.J.
Richard Nelson, School of International and Public Affairs, Columbia University
Harriet Presser, Department of Sociology, University of Maryland
June S. Sale, UCLA Child Care Services, Los Angeles, Calif.
Anne R. Sanford, Chapel Hill Training Outreach Project, Chapel Hill, N.C.
Jack P. Shonkoff, Department of Pediatrics, University of Massachusetts Medical School
Eugene Smolensky, Graduate School of Public Policy, University of California, Berkeley
Albert J. Solnit (*Ex-Officio*, Board on Mental Health and Behavioral Medicine, Institute of Medicine), Child Study Center, Yale University
Margaret B. Spencer, Division of Educational Studies, Emory University
John J. Sweeney, Services Employees International Union, AFL/CIO and CLC, Washington, D.C.

Cheryl D. Hayes, *Study Director*
Brigid O'Farrell, *Senior Research Associate*
Martha J. Zaslow, *Senior Research Associate/Consultant*
Patricia N. Marks, *Research Associate*
April Brayfield, *Statistical Consultant*
Michelle Daniels, *Administrative Secretary*

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